

Recommendation	Time	Literature	Recommendation grade
Symptom self-assessment			
1. The WOMAN-PRO symptom diary is recommendable for patients in order to identify, assess, observe and manage symptoms. Patients should be trained in using the symptom diary. They should be asked to consult health professionals when experiencing ambiguous symptoms.	In every APN consultation	Senn et al. 2013, Luckett 2009, Expert opinion	4
Surgical wound and vulva care			
2. Current care, washing habits and preferred care products for the genital area should be assessed. Existing urinary or anal incontinence should be clarified.	Diagnosis	Cruickshank 2011	4.25
3. Before the first dressing change, patients should be prepared for the possible appearance of the wound. The date of the first dressing change should be communicated as soon as possible. Depending on patients' preferences, the wound area can be observed by means of a mirror in the presence of a nurse, a person of trust or alone. Alternatively, the patient can receive a wound documentation photo. Depending on the stage of wound healing, patients should have the opportunity to touch the area.	0-7 days postsurgical	Expert opinion	4
4. Patients should be made familiar with self-examination of the vulva in order to identify possible changes (e.g. skin redness, overheating, swelling, odour, fluid leakage) <ul style="list-style-type: none"> with the aid of a mirror with an adequate light source and positioning. 	0-7 days postsurgical	Cruickshank 2011	4
5. Depending on surgical treatment and advices by physicians, patients should be trained in handling dressings, wound care ointments and changes in vulva care.	0-7 days postsurgical	Cruickshank 2011	4
6. Depending on surgical treatment, in the first weeks after surgery patients should <ul style="list-style-type: none"> protect the surgical area (no spreading of legs while lying, sitting and moving) clean the genital area with a shower after using the toilet and swab it with a soft towel not take a bath or take a hip bath as instructed by a physician not wear sanitary tampons not wear clothes constricting the genital area or causing friction; comfortable underwear made of cotton is recommended avoid sexual intercourse. 	0-7 days postsurgical	Cruickshank 2011	4
7. In case of affinity to skin irritation (e.g. pruritus) in the genital area after completed wound healing, patients should clean the genital area once a day with bare hands and clean water. They should avoid too frequent cleaning as well as the use of flannels, sponges, brushes, soaps, shower gels, foam baths, deodorants, baby wipes, herbal products (e.g. tea-tree oil, aloe vera), and coloured toilet paper. It is recommended to take a shower instead of a bath and to swab the vulva with a soft towel.	2 weeks after discharge; 3 months postsurgical; 6 month postsurgical	Cruickshank 2007	3.5
Postsurgical pain			
8. Patient's opinion concerning pain and pain medication should be clarified; postsurgical analgesic treatment and its meaning should be discussed.	Diagnosis; 0-7 days postsurgical	SIGN 2008, Thomas 2012	5
9. Urinating while showering is recommended in case of wound-related pain or burning sensation.	0-7 days postsurgical	Expert opinion	5
10. In case of wound related pain, comfortable clothes and soft seats are recommended.	0-7 days postsurgical	Expert opinion	4
11. Music therapy can be recommended as complementary method of pain reduction.	0-7 days postsurgical	SIGN 2008	3.75
Postsurgical tiredness			
12. To balance recovery and activity, an individual program should be designed with the patient. Priorities and barriers should be identified as well as the delegation of duties. Interventions to decrease tiredness should be included in the program.	0-7 days postsurgical; 2 weeks after discharge	Mitchell 2007	3.5
13. The following interventions to reduce tiredness are recommended: <ul style="list-style-type: none"> physical activity (e.g. walking, exercise) improving sleeping quality during hospital stay and at home (avoidance of sleeping in the afternoon, staying in bed only for sleeping, fixed waking and sleeping times, avoidance of caffeine and stimulating activities in the evening, sleeping rituals) Relaxation techniques and back massage, combined with aroma therapy 	0-7 days postsurgical; 2 weeks after discharge	Mitchell 2007	4.75
Postsurgical urinary symptoms			
14. The interdisciplinary team should discuss postsurgical urinary symptoms with the patient to find individual solutions. Surgery-related changes in urinating can be compensated by trying different positions on the toilet.	0-7 days postsurgical; 2 weeks after discharge	Expert opinion	4
Lymphedema			
15. For patients with lymph node dissection, the following prophylactic interventions are recommendable:	0-7 days postsurgical; 2	Poage et al. 2008	4

<ul style="list-style-type: none"> careful inspection of skin and nails (fissures, dry areas, signs of inflammation) use of pH-neutral and moisturizing care products avoidance of sun burns no injections and vein punctures into the affected limb. 	weeks after discharge		
<p>16. Patients with lymphedema should</p> <ul style="list-style-type: none"> avoid restricting clothes on the affected limb contact their physiotherapist with regard to agreements concerning lymphedema therapy and compression garments. <p>Manual lymph drainage as well as too intensive compression therapy should be omitted during acute infection, including fever. An extended period without compression therapy should be avoided.</p>	2 weeks after discharge; 3 month postsurgical, 6 month postsurgical	Poage et al. 2008; McNeely 2011; Ridner 2012	4
<p>17. With regard to air travel, the following prophylactic measures are recommendable:</p> <ul style="list-style-type: none"> Patients with lymphedema should wear properly fitting compression stockings After lymph node dissection, patients should obtain professional advice concerning the necessity of wearing compression stockings Perfect fit of compression stockings should be checked by a health professional. <p>During the flight, patients should get up every 30 minutes (exercise, walking) and drink enough water. Generally, they should not carry heavy luggage. The affected limb should not be exposed to pressure or tension.</p>	0-7 days postsurgical; 2 weeks after discharge	Poage et al. 2008	3.5
Difficulties concerning sitting, wearing clothes and activities of daily living			
<p>18. With regard to comfortable sitting, different possibilities and solutions should be tested and discussed with the patient (e.g. specific seat cushions, positioning).</p>	0-7 days postsurgical; 2 weeks after discharge; 3 month postsurgical, 6 month postsurgical	Expert opinion	4
<p>19. In case of difficulties with regard to clothes, the following recommendations are suitable: wearing</p> <ul style="list-style-type: none"> comfortable, white, slightly coloured silk or cotton underwear comfortable trousers or skirts and knee-high stockings instead of tights. <p>Wearing long skirts without underwear and sleeping without underwear can be comfortable, especially at home. Before first use, new black underwear should be washed several times. In general, individual problems should be assessed. Appropriate solutions should be discussed and tested with the patient.</p>	Diagnosis; 0-7 days postsurgical	Cruickshank 2011	4
<p>20. Depending on surgical treatment, potential problems concerning everyday activities should be discussed in advance (e.g. climbing stairs, shopping) with regard to individual circumstances (e.g. working or living situation). Suitable solutions should be developed with the patient.</p>	0-7 days postsurgical; 2 weeks after discharge; 3 month postsurgical, 6 month postsurgical	Expert opinion	3.75
Uncertainty			
<p>21. Reasons for uncertainty should be explored and the patient should receive adequate information depending on the cause (e.g. diagnosis, work). Individual solutions and coping strategies should be determined.</p>	In every APN consultation	Beatty 2010	3.75
<p>22. If required, the patient should receive information about self-help groups.</p>	In every APN consultation	Sheldon 2008	4.25
Body image			
<p>23. The impact of the disease on body image and sexual life, the subjective meaning of the body and sexuality should be explored with the patient.</p>	In every APN consultation	Cruickshank 2011; Beatty 2010	4.75
<p>24. If required, further appointments to discuss body image should be arranged. The patient should receive information about psychosocial and psychosexual support and the possibility of reconstructive surgery.</p>	In every APN consultation	Cruickshank 2011, Beatty 2010	4.25

[table 4: Recommendations, including time, source of evidence and grade of recommendation]